## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000011159

ANDERLIE, LUCY

VENICE, FL 34292

752 COMMERCE DR STE 15

Name:

Address:

City-St-Zip:

Entity Name: UTILITIY SEALING SYSTEMS, INC.

FILED Apr 24, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 752 COMMERCE DR STE 15 SARASOTA BUSINESS CENTER VENICE, FL 34292 **Current Mailing Address: New Mailing Address:** 752 COMMERCE DR STE 15 SARASOTA BUSINESS CENTER VENICE, FL 34292 FEI Number: 65-0915486 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WANDER, LLOYD J 752 COMMERCE DR STE 15 SARASOTA BUSINESS CENTER VENICE, FL 34292 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO ( ) Delete Title: () Change () Addition Name: WANDER, LLOYD J Name: 752 COMMERCE DR STE 15 Address: Address: City-St-Zip: VENICE, FL 34292 City-St-Zip: (X) Delete Title: **PRES** Title: () Change () Addition ULWELLING, RAY J Name: Name: 752 COMMERCE DR STE 15 Address: Address: VENICE, FL 34292 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition SCHAEFER, MARK K Name: Name: 752 COMMERCE DR STE 15 Address: Address: City-St-Zip: VENICE, FL 34292 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARK K SCHAEFER SEC 04/24/2007